

**Exhibit No. 25**

**Howard County Fire Department  
Records**

Patient: Dobbs, Tyran  
Incident #: F15005433



**\*Official Hospital Report**

HOWARD CO. DEPT. FIRE & RESCUE  
AGENCY ID: 130000  
6751 COLUMBIA GATEWAY DR.  
Suite 400  
Columbia, MD 21046  
PHONE: 410-313-6000  
TOLL FREE:  
FAX: 410-313-6027  
swilson@co.ho.md.us

Call #: R15004695

Marked Completed (CST): 02/18/2015 20:33:36

PCR #: 01315004100

**Patient Information**

<b>Patient Name:</b>	Dobbs, Tyran	<b>Age:</b> 19	<b>Years</b>	<b>D.O.B.:</b>	'1995
		<b>Gender:</b> Male		<b>SSN:</b>	
		<b>Weight:</b>	/ (Kg):	<b>Race:</b>	
		(lbs):			
		<b>Phone:</b>		<b>Ethnicity:</b>	
<b>Address:</b>	9107 TOWN AND COUNTRY				
<b>Rm/Apt:</b>	B				
<b>City:</b>	ELLICOTT	<b>State</b>	MD	<b>Zip:</b>	21043
	CITY				

**Provider Impression**

<b>Provider Primary Impression</b>	<b>Provider Secondary Impression</b>	<b>Patient Priority</b>	<b>Patient Category</b>
Traumatic Injury		Priority 2 - Patient Less Serious (Urgent / Potentially Life Threatening)	D - EMS provider judgment

**Last Known Well Date/Time:**

**Protocols Used**

General Patient Care ONLY

**Narrative**

Summary of Events

Patient:: Dobbs, Tyran

Incident #: F15005433

pt is a 19yom found in a26 in the care of HCDFRS medical director and HCDFRS tac51

c/c- injured nose

hpi- pt was struck w/ 2 "L6 rounds" which were described by tac officers as a less than lethal 40mm rubberized round. pt was moved to the back of a26 where HCDFRS tac 51 and HCDFRS medical director initiated assessment and care.

pmhx- iddm

meds- as documented

algs- as documented

ax- pt AO3, disoriented to time

v/s as recorded

pt's nose suffered significant trauma resulting a rupture type injury of the soft tissue exposing bone/cartilage.

pt was additionally struck in his inferior L rib cage anterior/axillary line. no obvious rib fracture however swelling and significant pain at the injury site. initially lung sounds were clear and equal however over the course of pt encounter the left lower quadrant had slightly decreased sounds.

PE otherwise negative

bgl 436mg/dl

pt denies etoh or CDS

3-lead shows an irregular sinus rhythm, likely sinus arrhythmia however it may have been a sinus pause.

12-lead (x2) shows no axis deviation

rx- bleeding at nose controlled w/ 5x9 bandage and gauze. no collar placed and pt positioned seated with and propped forward to prevent any hemorrhage from impacting pt's airway. this treatment directed by HCDFRS medical director.

18g IV established R AC w/ approximately 200ml LR infused

tx- pt transported p2 to 634 w/ consult in route. pt transferred bed #6 report given.

#### Tac51 Addendum:

During apprehension of suspect, suspect was non-compliant to HCPD repeated commands. Pt was hit with two L6 less-than-lethal rounds. Rounds hit Pt in the bridge of nose and L anterior/axillary chest at approx 5th rib. No apparent LoC. Pt was initially altered to time and place becoming more oriented during Tx. Pt stated that he had not used CDS or ETOH today. PMHx DM, Rx Insulin, KDA to amoxicillin. Pt assessed while seated on floor and in position of comfort on cot. Pt appears A and O x 2, initially confused to time. No loss of consciousness noted. Pt conversing in full sentences, maintaining own patent airway with position. Breathing reg full unlab. Pulses mildly irreg, full, equal. Skin warm dry w/o cyanosis. HEENT with traumatic injury to bridge of nose, swelling of L side of face, lac/deglowing of tissue at bridge of nose approx 2-4" full thickness, tissue around L eye swollen to the point of Pt not being able to see out of it. Bleeding controlled with dressings/bandaging. R eye appears unaffected. Unable to fully assess L eye due to swelling. Neck neg pain, crepitus, deformity upon palp. Chest stable with equal bilat rise/fall. Lungs initially equal bilat with diminished L lung sounds during Tx. Approx 2" circular contusion/abrasion to L anterior/axillary chest below nipple at approx 5 rib with swelling, pain, tenderness. No apparent flail chest. Abd soft, non-tender. Pelvis stable. GI/GU neg fluids. Extrem unremark. PMS x 4 w/o deficit.

R/O: traumatic injury secondary to deployment of two less than lethal rounds, pulmonary contusion, rib fx, laforte fx, cardiac contusion, eye trauma.

Pt Tx to RAC Shock Trauma P2E. Pt care transferred to TRU. Pt became more oriented during Tx.

#### Medical Director Addendum:

During the support of a tactical medic call out I encountered the patient a 19 M who presented ambulatory in police custody with a laceration and swelling to the face and contusion to the chest being attended to by DFRS tactical paramedics. It was reported that the patient was hit with an impact munition. Pt denied LOC. Denies pain to head, neck, back. Denies recent alcohol or illicit use. Complained of pain to face and to the left chest and decreased vision from the left eye. On brief exam, major hemorrhage was controlled with pressure dressing. He was protecting his airway, handling sections. Exam of the face revealed approx 10cm jagged laceration across the bridge of the nose with significant deformity and exposed bony structures. Also swelling to the left orbita; soft tissues which limited assessment of the eye. Pt did endorse subjective decreased vision from the left eye. No gross mid face instability. Lungs were clear without paradoxical chest wall movement or evidence of respiratory distress. Contusion to the left lower chest with surrounding focal TTP. Abdomen soft with LUQ TTP. No peritonitis. No evidence of extremity hemorrhage or fracture. Neuro exam remarkable for GCS 15, CA&O x II, slightly confused. He was promptly moved to an awaiting DFRS ambulance where measures were taken to protect him from the harsh environmental conditions and minimize heat loss. Shortly thereafter he was transported to the Shock Trauma Center by DFRS paramedics.

#### Trauma Category

D - EMS provider judgment

Mechanism of Injury: Blunt

Cause of Injury:

Struck by Blunt/Thrown Object (E968.2)

Trauma Referral Center Notified:

Yes

#### Prior Aid

Prior Aid

Not Applicable

Performed By

Not Applicable

Outcome

#### Glasgow Coma Score

Time	Eye	Motor	Verbal	Score Qualifier	Total
19:08:15	Opens Eyes spontaneously - 4	Obeys commands with appropriate motor response - 6	Disoriented and Converses - 4	Initial GCS has legitimate values without interventions such as intubation and sedation	14
19:15:36					
19:17:16					
19:21:37					
19:27:48					
19:35:58	Opens Eyes spontaneously - 4	Obeys commands with appropriate motor response - 6	Disoriented and Converses - 4	Initial GCS has legitimate values without interventions such as intubation and sedation	14

#### Past Medical History

##### MEDICATION ALLERGIES

Generic Name

Description

Inc. Date: 02/18/2015

Incident #: F15005433

Unit: A25

Page Total 2 of 9

PDF Generated 02/21/2018  
(CST) 13:28:25

Patient:: Dobbs, Tyran

Incident #: F15005433

Amoxil

Amoxicillin

Environmental / Food Allergies

Name

Description

None

## Patient Medications

Name	Generic Name	Dosage Unit	Dosage	Description
Humulin	Insulin			

## Medical Surgery History

Diabetes - Insulin Dependent

History Primarily Obtained From

Preg.

Advanced Directives

None

Pract. Name

## Assessment Exam

## Medical Assessment

## Injury Assessment

Injury #	Injury Site	Injury Detail
1	Face	Bleeding Controlled, Crepitus, Laceration, Soft Tissue Swelling/Bruising face
2	Thorax	Pain/tenderness, Soft Tissue Swelling/Bruising chest

## Burn Assessment

## Patient Condition

Chief Complaint: Traumatic injury X 30 Minutes

Secondary Complaint:

Alcohol/Drug Use:

Primary Symptom: Pain

Other Symptoms:

## Patient Vitals

Time	PTA	Resp onse	Resp	Airw ay	Breat hing	ETC O2	Puls e	Rhyt hm	BP	BP Loca tion	Cardi ac Rhyt hm	Gluc ose	SpO 2	SpO 2 Quali fier	Pt. Posit ion	Carb on Mon oxide (CO)	Tem p (F)	Tem p (C)	Meth od	Pain Scale (0-10)	Pain Scale Type	Strok e Arm	Strok e Face	Strok e Spee ch	Strok e Scale
19:08:15		Alert	18	Patent	Normal		97		136/88	Left Arm	438		96	At Room Air	Fowlers					9	Numeric	Normal	Normal	Normal	Negative Cincinnati Stroke Scale
19:15:38							60		138/78				99												
19:17:16							69		133/102				97			0									
19:21:37							103		146/94				96			18									
19:27:49							55		141/90				97			11									
19:35:58		Alert	16	Patent	Normal		81		153/88				95			2									

## ECG Monitor

Time	Crew ID	EKG Lead	Interpretation	EKG Ectopy	Cause for Change
19:17:16	BUC, JASON				
19:29:15	BUC, JASON		Sinus Arrhythmia		
19:38:11	BUC, JASON		Sinus Arrhythmia		

## Procedures &amp; Treatment

Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success	Comments
19:14:00	EVERETT CHRISTOPHER	Venous Access - Extremity	Antecubital-Right	18g	1	Unchanged	Yes	
19:29:15	BUC, JASON	12 Lead ECG			1		Yes	
19:38:11	BUC, JASON	12 Lead ECG			1		Yes	
19:59:58	BUC, JASON	Cardiac Monitor			1		Yes	

## Intubation Confirmation

Date/Time	Method of Securing ETT	Verified	Abdominal Sounds	Lung Sounds Left	Lung Sounds Right	Chest Rise Left	Chest Rise Right	EDD Inflate	EDD Syringe Draws Back	Tube Depth At	Tube Depth	EDD	Tube Mistling	Verify Tube Placement	ETCO2 Numeric	ETCO2 Color	ETCO2 Wave Form	Preoxygenation Done	Airway Verification X-Ray	Airway POGO Score
19:14:00																				
19:29:15																				

Inc. Date: 02/18/2015

Incident #: F15005433

Unit: A25

Page Total 3 of 9

PDF Generated 02/21/2018  
(CST) 13:26:25

Patient:: Dobbs, Tyran

Incident #: F15005433

19:38:1

1

19:59:5

8

#### Medication Administered

Time	Crew	Medication	Route	Dosage	Response	PTA	Comments
19:15:00	EVERETT, CHRISTOPHER	Lactated Ringers	Intravenous (IV) Fluids	250 ML	Unchanged	No	

#### Call Type & Location

Dispatch Reason: Not Applicable  
Response: Lights and Sirens  
Dispatch Level:  
Response Request: 911 Response (Scene)  
Location Type: Residential - House/Apartment/Dorm  
Incident Address: 9107 TOWN AND COUNTRY  
Apt. # B  
EC, MD 21043

#### Call Disposition

Primary Role of Unit: Transport - ALS Care Provided  
Treatment & Transport Disposition: Treated, Transported by This Unit  
Destination Determination: Specialty Resource Center  
Destination Name: R Adams Cowley Shock Trauma Center - 634  
Destination Address: Baltimore, MD 21201  
Response Delay: None  
Scene Delay: None  
Transport Delay: None

#### Response Times & Mileage

PSAP: 02/18/2015 16:59:12  
Disp. Notified: 02/18/2015 16:12:25  
Unit Disp.: 02/18/2015 18:49:44  
Enroute: 02/18/2015 18:50:53  
Arrive Scene: 02/18/2015 18:55:13  
Arrive Patient: 02/18/2015 18:56:00  
Leave Scene: 02/18/2015 19:18:40  
Arrive Dest.: 02/18/2015 19:37:54  
Pt. To Hosp.: 02/18/2015 19:50:00  
In Service: 02/18/2015 20:25:38  
Unit Cancelled:  
In Quarters:

Incident #: F15005433  
Responding Unit: A25  
Unit Call Sign: A25

Starting Odometer:  
At Scene Odometer:  
Destination Odometer:  
Ending Odometer:

Loaded Miles:

Total Mileage: 0

#### Unit Personnel

Name	Level	Role
BUC, JASON	Paramedic	Primary Patient Caregiver
CARTER, WARREN	EMT	Driver
EVERETT, CHRISTOPHER	Paramedic	Secondary Patient Caregiver
LEVY, MATTHEW	Physician	Thlrd Patient Caregiver

#### Billing Information

Work Related: Not Applicable

#### Service Defined Questions

Was this call related to a suspected opioid, heroin, or fentanyl overdose?: No

Patient:: Dobbs, Tyran

Incident #: F15005433

**Ambulance Crew Member Statement**

My signature below indicates that, at the time of service, the patient named above was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. My signature is not an acceptance of financial responsibility for the services rendered.

I Agree

I Disagree

Not Applicable

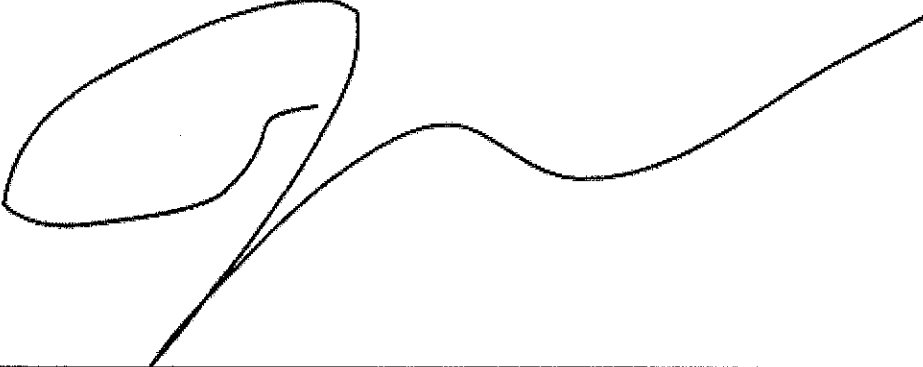
**Technician**

I acknowledge that I have provided the above assessments/treatments for this patient.

I Agree

I Disagree

Not Applicable

A large, stylized handwritten signature in black ink, appearing to read 'J. Buc', is written across a rectangular box.

Printed Name: JASON BUC

Reason patient unable to sign:

Date: 02/18/2015

**Valuables**

Valuables:

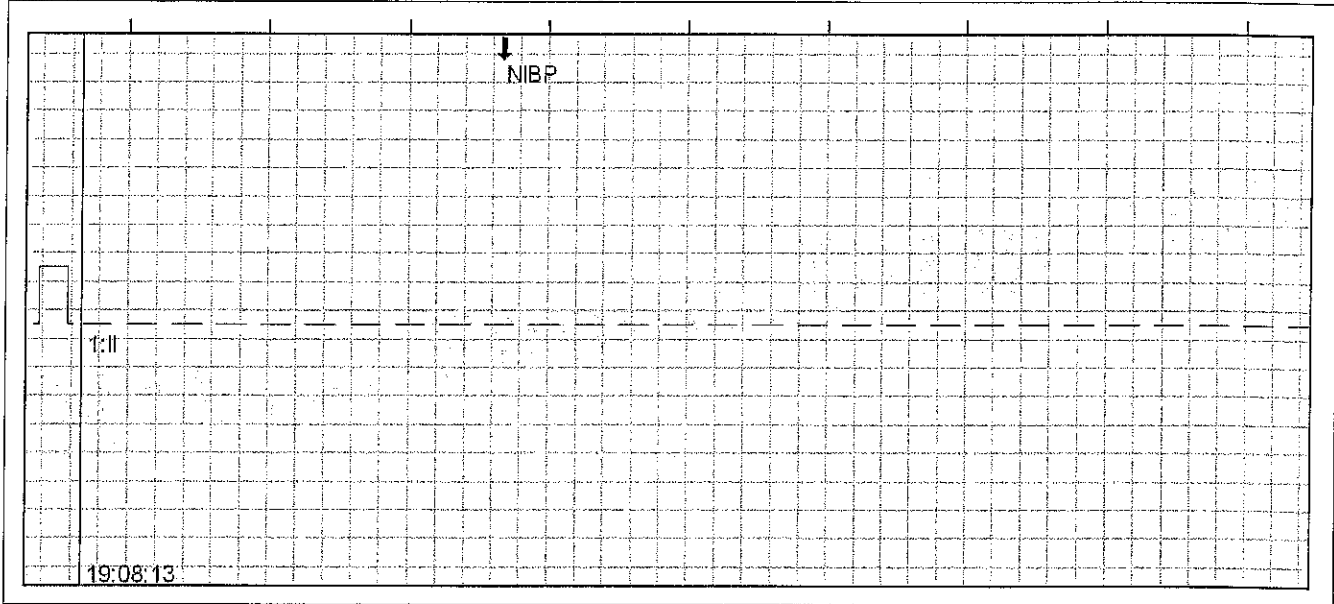
Belongings Left: Not Recorded

Patient:: Dobbs, Tyran  
Incident #: F15005433

EKG Wavestrip

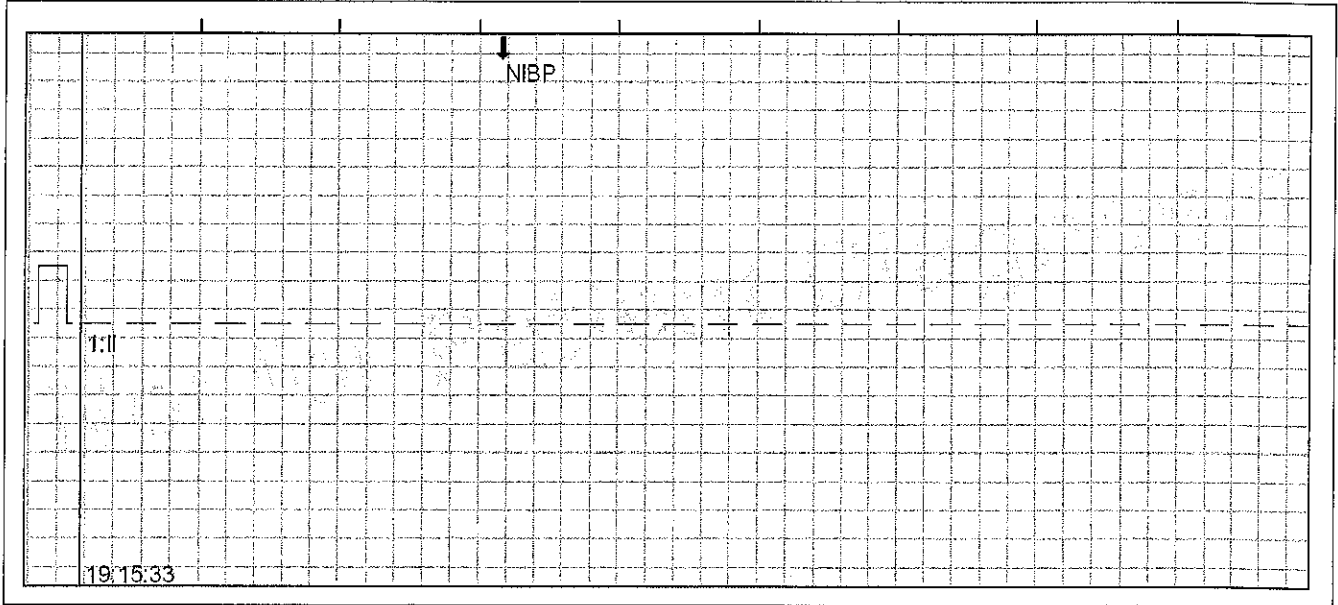
Time: 19:08:15 Monitor Type: Physio-Control

File Name: Physio\_20150218190815\_90af5f44-f5e7-43d7-9be6-2d1311406793.jpeg



Time: 19:15:36 Monitor Type: Physio-Control

File Name: Physio\_20150218191536\_868b8389-e841-4c17-80f1-04f973874aaa.jpeg



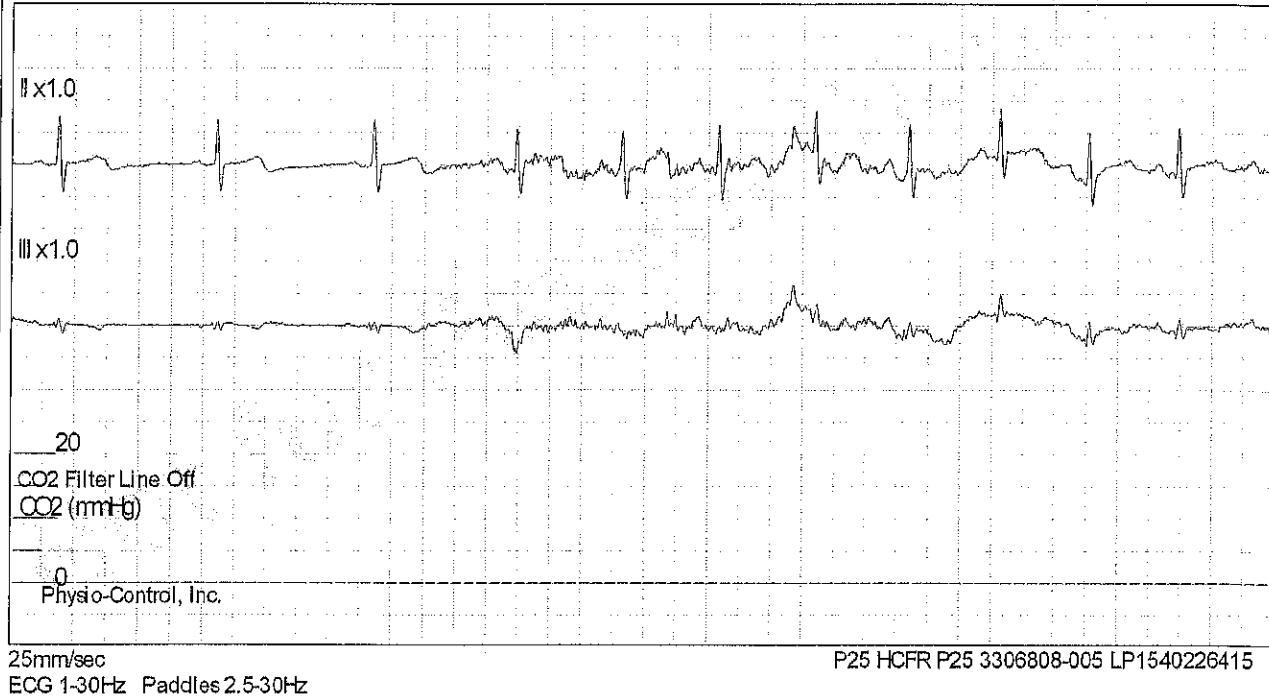
Time: 19:17:16 Monitor Type: Physio-Control

File Name: Physio\_20150218191716\_5992a25d-a0a2-446a-ab04-ea8d170fc1ee.jpeg

Patient:: Dobbs, Tyran  
Incident #: F15005433

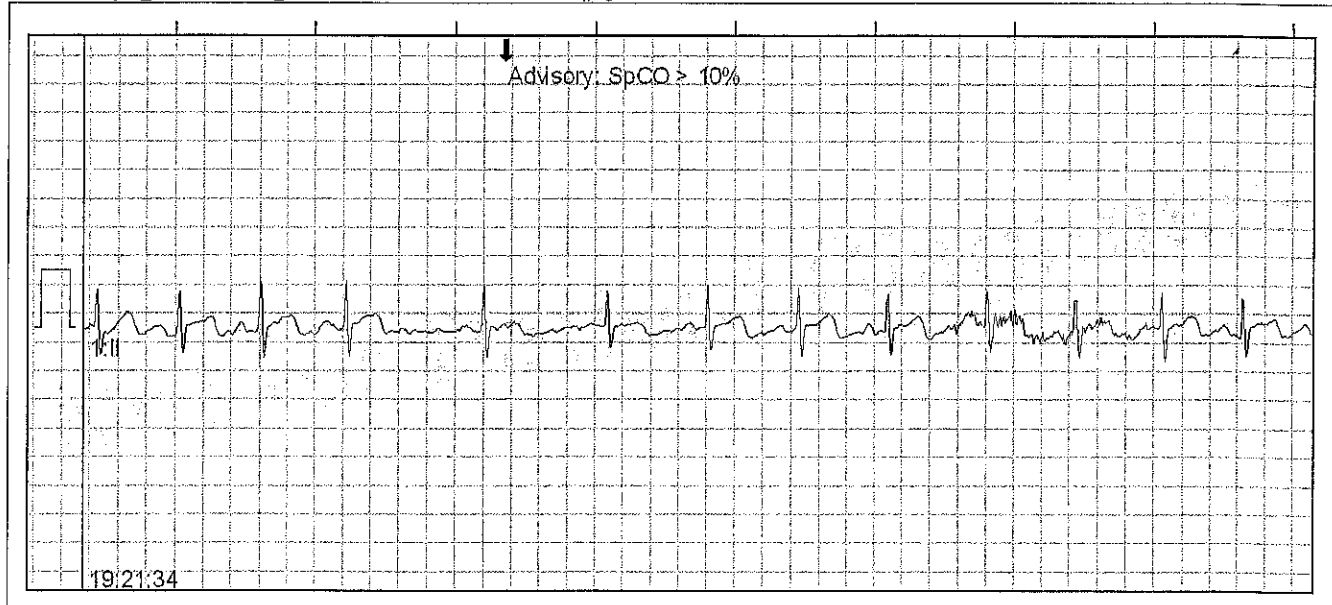
Name:		Initial Rhythm	7:17:17 RM	SpO2-RR	97+69
ID:	021815190634			SpCO	0
Patient ID:				SpMet	—
Incident ID:					
Location:					
Age: 19	Sex: M				
2/18/2015					

▼ Initial Rhythm



Time: 19:21:37 Monitor Type: Physio-Control

File Name: Physio\_20150218192137\_d2324ee4-6c04-4077-be1e-8b445fc7490e.jpeg



Time: 19:27:48 Monitor Type: Physio-Control

File Name: Physio\_20150218192748\_027d6ddd-1f7c-468e-8175-aeb6f4a0d219.jpeg



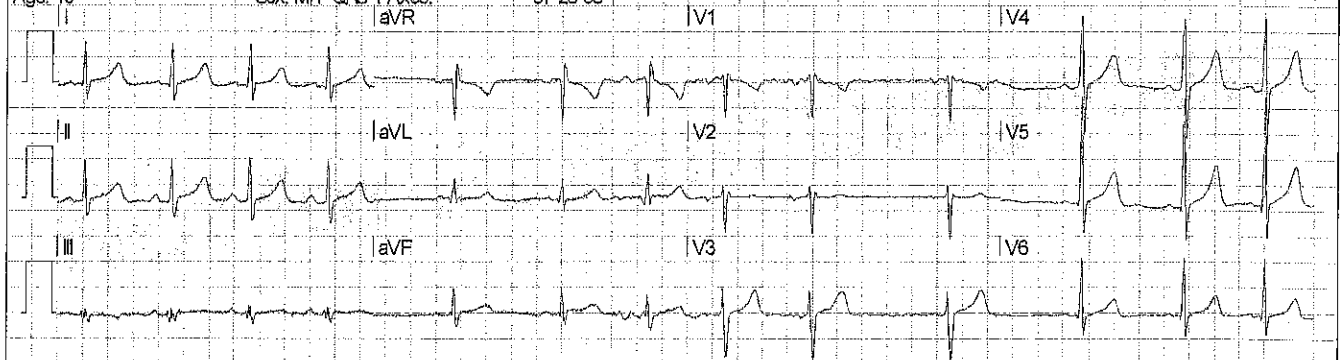
Patient: Dobbs, Tyran  
Incident #: F15005433



Time: 19:29:15 Monitor Type: Physio-Control

File Name: Physio\_20150218192915\_12ld\_998fcd14-622f-48dc-9806-a967568f4ccc.jpeg

Name:	12-Lead 1	HR 76bpm	Normal ECG**Unconfirmed**
ID:	021815190634	2/18/2015	7:29:15 PM Sinus arrhythmia
Patient ID:	FR 0.140s	QRS 0.082s	rS*(V1) - probable normal variant
Incident ID:	QT/QTc:	0.376s/0.404s	
Age: 19	Sex: M	P-QRS-T Axes:	57°28°36°



x1.0 05-150Hz 25mm/sec

Physio-Control, Inc. Comments:

P25 HCFR P25 3308808-005 LP1540228415

Time: 19:35:58 Monitor Type: Physio-Control

File Name: Physio\_20150218193558\_f1f04d96-d51e-4761-b193-f1488603b250.jpeg



Patient:: Dobbs, Tyran

Incident #: F15005433

Time: 19:38:11 Monitor Type: Physio-Control

File Name: Physio\_20150218193811\_12ld\_95b19c6d-4b2b-4ae6-9f11-bbe16024e2a8.jpeg

